

7042

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY <i>St Marys</i> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>California</i> LENGTH OF STAY (in this place) <i>Life</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i> COUNTY <i>St Marys</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>California</i> STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (First) <i>John</i> (Middle) <i>Abell</i> (Last) <i>Armstrong</i>		4. DATE (Month) (Day) (Year) OF DEATH: <i>July 12 1953</i>	
5. SEX: <input checked="" type="checkbox"/> MALE 6. COLOR OR RACE: <input checked="" type="checkbox"/> WHITE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>		8. DATE OF BIRTH: <i>Nov 5 1877</i> 9. AGE last birthday <i>77</i> IF UNDER 1 YEAR IF UNDER 24 HRS. yrs Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <i>Farmer owned farm</i>		10B. KIND OF BUSINESS OR INDUSTRY:	
13. FATHER'S NAME: <i>James Armstrong</i>		11. BIRTHPLACE (State or foreign country): <i>Maryland St Marys</i> 12. CITIZEN OF WHAT COUNTRY? <i>No. A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <input checked="" type="checkbox"/> (If Yes, give WSR or dates of service)		16. SOCIAL SECURITY NO.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>331X</i> IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(A) DUE TO <i>Congestive heart failure</i> (B) DUE TO <i>Cerebral hemorrhage</i> (C) DUE TO <i>General arteriosclerosis</i>	
		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>6 weeks</i> <i>10 years</i>	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jul 10, 1953</i> , to <i>Jul 12, 1953</i> , that I last saw the deceased alive on <i>July 11, 1953</i> , and that death occurred at <i>1630 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>John W. Hayden</i> ADDRESS <i>St. Paul's Md</i> DATE SIGNED <i>7/13/53</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>July 15-53</i> NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) <i>Holy Grace</i> <i>St. Paul's Md</i>	
DATE REC'D BY LOCAL REGISTRAR <i>July 13/53</i>		REGISTRAR'S SIGNATURE <i>John W. Hayden</i> 24. FUNERAL DIRECTOR ADDRESS <i>Jos C. Maunley</i> <i>Leonardtown Md</i>	

BUREAU V. S

MIL 18 1955

RECEIVED

07044

Reg. Dist.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.....

## 1. PLACE OF DEATH:

COUNTY St. Marys MARYLAND  
 CITY (If outside corporate limits, write RURAL  
 OR and give nearest town)  
 TOWN St. Marys City

HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY St. Marys  
 CITY (If outside corporate limits write RURAL and give nearest town)  
 OR  
 TOWN St. Marys City

STREET ADDRESS (If rural, give location)

Rural

3. NAME OF  
 DECEASED:  
 (Type or Print)

(First) Oscar Frank

(Last) Bailess

4. DATE  
 OF  
 DEATH July 23 1955

## 5. SEX:

6. COLOR OR  
 RACE:7. SINGLE, MARRIED,  
 WIDOWED, DIVORCED,  
 (Specify): Divorced

8. DATE OF BIRTH:

1/21/1882

9. AGE

last birthday:

IF UNDER 1 YEAR  
 Months Days HoursIF UNDER 24 HRS.  
 Months Days Hours

73 yrs.

10a. USUAL OCCUPATION (Give kind of  
 work done during most of work life,  
 even if retired): Retired10b. KIND OF BUSINESS OR  
 INDUSTRY:  
 US Marines

11. BIRTHPLACE (State or foreign country): Mississippi

12. CITIZEN OF WHAT  
 COUNTRY?  
 USA

## 13. FATHER'S NAME:

Frank Bailess

## 14. MOTHER'S MAIDEN NAME:

Margaret Anding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

yes WW 1

## 16. SOCIAL SECURITY NO.:

## 17. INFORMANT &amp; ADDRESS:

Oceanta R. Oliver- St. Marys City, Md.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1  
 Immediate cause (a)  
 DUE TO

Coronary Thrombosis  
 immediate

Antecedent cause(s)  
 Diseases or conditions, if any, (b)  
 giving rise to the above cause DUE TO  
 stating underlying cause last (c)

Arteriosclerotic cardiovascular  
 disease

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
 TO THE DEATH BUT NOT RELATED TO THE  
 DISEASE OR CONDITION CAUSING DEATH.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

## 20. AUTOPSY?

Yes  No 

21a. EXTERNAL CAUSE WAS PRIMARY  or CONTRIBUTING  CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED  
 OF INJURY M. While at Not while  
 work  at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE Roy Gruenthal, MD

CHIEF MEDICAL EXAMINER  
 DEPUTY MEDICAL EXAMINER  
 M. D. ASSISTANT MEDICAL EXAM.

DATE SIGNED

7/23/55

23. BURIAL/CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)  
 REMOVAL (Specify): Burial 7/26/55 Arlington, National Arlington, Virginia

DATE REC'D BY LOCAL REG. 7-25-55 GLASS L. Hausey 24. FUNERAL DIRECTOR ADDRESS  
 REG. P.B. Robinson- Leonardtown, Md.

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BUREAU V. S.

JUL 28 1955

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

17045

7044

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

ST MARY'S

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)

X TOWN AVENUE

LENGTH OF STAY  
(In this place)  
60 YRS.HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS  
oo3. NAME OF  
DECEASED:  
(Type or Print)(First)  
JAMES(Middle)  
MITCHELL(Last)  
BAILEY5. SEX:  
MALE6. COLOR OR  
RACE:  
WHITE7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify)  
WIDOWED8. DATE OF BIRTH:  
SEPT. 23-18739. AGE last birthday  
79 yrs.IF UNDER 1 YEAR  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired)  
WATERMEN10B. KIND OF BUSINESS  
OR INDUSTRY:  
WATER

## 13. FATHER'S NAME:

GEORGE C. BAILEY

## 14. MOTHER'S MAIDEN NAME:

SUSANA LONG

16. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, unk.) (If Yes, give war or dates  
of service)

NO

16. SOCIAL SECURITY NO.

NONE

## 17. INFORMANT &amp; ADDRESS:

MRS CLIFTON DOWNS AVENUE, MD.

## 18. MEDICAL CERTIFICATION

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE

(A)  
DUE TO

Cerebral Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

1 week

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.(B)  
DUE TO

Arteriosclerotic cardiovascular

15 yrs.

(C)

## II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

Prosthetic bypass surgery

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

21F. HOW DID INJURY OCCUR?

M. July 27, 1955, to July 30, 1955

22. I hereby certify that I attended the deceased from July 27, 1955, to July 30, 1955, that I last saw the deceased  
alive on July 27, 1955, and that death occurred at 12 M. from the causes and on the date stated above.  
SIGNATURE Bon G. G. Baile ADDRESS Greenwood DATE SIGNED 8/1/5523. BURIAL, CREMATION, DATE THEREOF  
REMOVAL (SPECIFY)

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

BURIAL

8/2/55

SACRED HEART

BUSHWOOD,

MD.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  
REGISTRAR Manuel Hauser JOS. C. MATTINGLEY  
ADDRESS Leonardtown, MD.

BUREAU V. S.

AUG 3 1955

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07046

7045

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY <b>ST MARY'S</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <b>MARYLAND</b> COUNTY <b>ST MARY'S</b>	
CITY (If outside corporate limits, write RURAL OR and give nearest town) <b>X TOWN AVENUE</b>	LENGTH OF STAY (in this place) <b>LIFE</b>	TOWN <b>AVENUE</b>	(If rural give location) <b>/</b>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>10</b>	STREET ADDRESS		
3. NAME OF DECEASED: (Type or Print) <b>JOSEPH FENNIE</b>	(First)	(Middle)	(Last) <b>BAILEY</b>
4. DATE (Month) OF DEATH: <b>JULY 30</b>	(Day) <b>1955</b>	(Year)	
5. SEX: <b>MALE</b>	6. COLOR OR RACE: <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <b>MARRIED</b>	8. DATE OF BIRTH: <b>APRIL 10, 1894</b>
9. AGE last birthday yrs. <b>61</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 24 HRS. Days <b>20</b>	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STOREKEEPER</b>		10B. KIND OF BUSINESS OR INDUSTRY: <b>STORE</b>	
11. BIRTHPLACE (State or foreign country): <b>MARYLAND</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME: <b>JAMES C. BAILEY</b>			
14. MOTHER'S MAIDEN NAME: <b>ELLA THOMPSON</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unk.) <b>YES</b>		16. SOCIAL SECURITY NO. <b>WWI</b>	
17. INFORMANT & ADDRESS: <b>MRS GRACE BAILEY AVENUE, MD.</b>			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>151X</b> IMMEDIATE CAUSE <b>Ca stomach, liver</b> ANTECEDENT CAUSE (S) <b>Ca stomach</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(A) DUE TO <b>Concinnis peritonei, liver</b> (B) DUE TO <b>Ca stomach</b> (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <b>April 5, 1955</b>		19B. MAJOR FINDINGS OF OPERATION <b>Ca stomach, liver, lymph glands</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) <b>19C. WHERE DID (City or town) INJURY OCCUR?</b> (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>M.</b>		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>April 1, 1955</b> , to <b>July 1, 1955</b> , that I last saw the deceased alive on <b>30 Aug 1955</b> , and that death occurred at <b>1030 M.</b> from the causes and on the date stated above. SIGNATURE <b>Bruarbaish</b> ADDRESS <b>Leonardtown, Md. 20650</b> DATE SIGNED <b>8/1/55</b>			
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) <b>BURIAL 8/1/55</b>		NAME OF CEMETERY OR CREMATORIAL <b>SACRED HEART</b> LOCATION (City, town, or county) (State) <b>BUSHWOOD, MARYLAND</b>	
DATE REC'D BY LOCAL REGISTRAR <b>8/1/55</b>		24. FUNERAL DIRECTOR ADDRESS <b>JOS. C. MATTINGLEY LEONARDTOWN, MD.</b>	
REGISTRAR <b>Glenn D. Haasen</b>			

BUREAU V. S.

AUG 3 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

117047

282

## CERTIFICATE OF DEATH

Reg. Dist. No.....

## 1. PLACE OF DEATH:

COUNTY St. Mary's MARYLAND  
 CITY (If outside corporate limits, write RURAL or and give nearest town) LENGTH OF STAY  
 TOWN Rural - Leonardtown 7 yrs.  
 HOSPITAL OR INSTITUTION OR STREET ADDRESS Abel's Post Office

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY St. Mary's  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR TOWN Rural - Leonardtown  
 STREET ADDRESS Abel's Post Office

## 3. NAME OF DECEASED: (First) (Middle) (Last)

(Type or Print) Lucy Moore Carey

4. DATE (Month) (Day) (Year) OF DEATH: July 9, 1955

## 5. SEX:

FEMALE White

## 6. COLOR OR RACE:

SINGLE, MARRIED, WIDOWED, DIVORCED,  
 (Specify) Widowed

## 8. DATE OF BIRTH:

Oct. 9, 1860

9. AGE last birthday: 95 IF UNDER 1 YEAR  
94 Months 9 Days 8 Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY:

Own Home

## 11. BIRTHPLACE (State or foreign country):

Nashville, Tennessee

## 12. CITIZEN OF WHAT COUNTRY?

USA

## 13. FATHER'S NAME:

John Ashby Russell Wilson

## 14. MOTHER'S MAIDEN NAME:

Mariah Ashby

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No None

## 16. SOCIAL SECURITY NO.:

None

## 17. INFORMANT &amp; ADDRESS:

James W. Van Ward  
Abell Post Office, St. Mary County, Md.

## 18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

782.4  
 Immediate cause

(a) DUE TO

Heart failure

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

age

(c)

## II. OTHER SIGNIFICANT CONDITIONS:

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT (Specify)	PLACE (Home, farm, factory, street, of office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
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TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> M. Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7.7.1955 to 7.9.1955, that I last saw the deceased alive on 7.9.1955, and that death occurred at 11:00 P.M. from the causes and on the date stated above.

SIGNATURE Dr. William A. m.d. (DEGREE OR TITLE) ADDRESS

DATE SIGNED July 10, 1955

23. BURIAL, CREMATION REMOVAL (Specify): <u>Burial</u>	DATE THEREOF <u>7/12/55</u>	NAME OF CEMETERY OR CREMATORIUM <u>Virts Cemetery</u>	LOCATION (City, town, or county) (State) <u>Sandy Hook, Maryland</u>
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DATE REC'D BY LOCAL REG. <u>7/11/55 - Alan L. Powers</u>	REGISTRAR'S SIGNATURE <u>J. Donald Eocklin, Hypersign</u>	24. FUNERAL DIRECTOR <u>J. Donald Eocklin, Hypersign</u>	ADDRESS <u>West Va.</u>
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BUREAU V. S

JUL 14 1955

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07048

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

Item 8. File G 182 7/29/55

1. PLACE OF DEATH: CITY TOWN		ST MARY'S MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CITY TOWN	
ST MARY'S CITY		LENGTH OF STAY (in this place) 13 YRS.		MARYLAND COUNTY ST MARY'S	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (Type or Print)		(First) EDWARD	(Middle) DUDLEY	(Last) CHASE	4. DATE (Month) OF DEATH: JULY 7, 1955
5. SEX: MALE		6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED	8. DATE OF BIRTH: APRIL 13, 1891	9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months 2 Days 24 Hours 1 Min. 0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CIVIL ENGR.		10B. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION		11. BIRTHPLACE (State or foreign country): NEW YORK	
13. FATHER'S NAME: EDWARD STANFORD CHASE		14. MOTHER'S MAIDEN NAME: ANN ADAMS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) (If Yes, give war or dates of service) YES ✓		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS: MRS RUTH CHASE ST MARY'S CITY, MD.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE 420.1 ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(A) DUE TO Coronary Thrombosis  (B) DUE TO Generalized Atherosclerosis  (C)		INTERVAL BETWEEN ONSET AND DEATH 1 hour	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While Not while at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1, 1955 to July 7, 1955 that I last saw the deceased alive on July 7, 1955 and that death occurred at 11:55 PM, from the causes and on the date stated above. SIGNATURE: <i>John J. Patrick</i> ADDRESS: <i>M. D. Lexington Park Md.</i> DATE SIGNED: <i>July 8, 1955</i>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 7/10/55		NAME OF CEMETERY OR CREMATORIALY TRINTY	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Clarendon Powers</i>		24. FUNERAL DIRECTOR JOS. C. MATTINGLEY	
				ADDRESS LEONARDTOWN, MD.	

BUREAU V.

JUL 14 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07049

7048

Item 9, Film G184 8-3-55 et

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

COUNTY St. Marys

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)LENGTH OF STAY  
(in this place)

TOWN Leonardtown

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY

St. Marys

CITY (If outside corporate limits, write RURAL and give nearest town)  
OR

TOWN Leonardtown

STREET  
ADDRESS

(If rural give location)

Rural

3. NAME OF  
DECEASED:  
(Type or Print)(First)  
Audrey(Middle)  
Lynham(Last)  
Clark4. DATE (Month) (Day) (Year)  
OF DEATH: 7 - 26 - 1955

## 5. SEX:

female

white

6. COLOR OR  
RACE:7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify):

8. DATE OF BIRTH: 1921

9. AGE last birthday

IF UNDER 1 YEAR  
Months Days Hours Min.

married

9 / 19 / 1920

34/33 yrs.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): Housewife10B. KIND OF BUSINESS  
OR INDUSTRY: Domestic11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT  
Maryland COUNTRY?  
USA

## 13. FATHER'S NAME:

John C. Lynham

## 14. MOTHER'S MAIDEN NAME:

Norma Halstead

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) 4 NO ---

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT &amp; ADDRESS:

George E. Clark, Jr. - Leonardtown, Md.

18. MEDICAL CERTIFICATION  
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH416X  
IMMEDIATE CAUSE(A)  
DUE TO

Ball Valve Thrombus of left atricle

INTERVAL BETWEEN  
ONSET AND DEATH

?

ANTECEDENT CAUSE (S)

(B)  
DUE TO

Rheumatic Heart Disease

3 year

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO 21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While Not while  
at work  at work 

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from Nov. 1951, to July 26, 1955, that I last saw the deceased  
alive on July 25, 1955, and that death occurred at 10:15 AM, from the causes and on the date stated above.  
SIGNATURE *Wendy Boyd* ADDRESS *Leonardtown Md* DATE SIGNED *7/26/55*23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county)

(State)

Burial

7/29/55

Fort Lincoln Cemetery

Washington, D.C.

DATE REC'D BY LOCAL  
REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

P.B. Robinson - Leonardtown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The  
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**RECEIVED**

**BUREAU V. S.**

JUL 28 1955

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07050

7049

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

COUNTY ST Mary's

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)

TOWN Leonardtown

LENGTH OF STAY  
(in this place)

1 day

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

78 St Mary's Hospital

3. NAME OF  
DECEASED:  
(Type or Print)

Laura

V.

(Last)

Colgan

4. SEX:  
Female6. COLOR OR  
RACE:  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify) Widowed10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired):

Housewife

8. DATE OF BIRTH:  
10B. KIND OF BUSINESS  
OR INDUSTRY:  
Home

May

1883

9. AGE last birthday

72

IF UNDER 1 YEAR  
yrs.

Months

IF UNDER 24 HRS.  
Days

Hours

Year  
Min.

13. FATHER'S NAME:

Benj. Ady

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unk.) (If Yes, give war or dates  
of service)

No

16. SOCIAL SECURITY NO.

None

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE

(A)  
DUE TO

Cerebrovascular hemorrhage

ANTECEDENT CAUSE (S)

(B)  
DUE TO

Hypertensive cardio-vascular disease

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

8 hours.

5 yrs.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 June 1955, to 1 July 1955, that I last saw the deceased  
alive on 1 July 1955, and that death occurred at 10:00 P.M., from the causes and on the date stated above.  
SIGNATURE *Joseph E. Gill* ADDRESS *Leonardtown, Md.* DATE SIGNED *1 July 1955.*23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)

Burial

DATE THEREOF

7/5/55

NAME OF CEMETERY OR CREMATORIUM

NewCathedral

LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE REC'D. BY LOCAL  
REGISTRAR

REGISTRAR'S SIGNATURE

Jos. C. Mattingley Leonardtown, Md.

BUREAU V. S

JUL 7 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07051

7050

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

COUNTY ST MARY'S MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)

TOWN LEONARDTOWN

LENGTH OF STAY  
(in this place)

2 DAYS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY ST MARY'S

CITY (If outside corporate limits, write RURAL and give nearest town)

California

X LEONARDTOWN

STREET  
ADDRESS

(If rural give location)

78

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

ST MARY'S HOSPITAL

3. NAME OF  
DECEASED:  
(Type or Print)

(First) INFANT

(Middle)

(Last)

DEAN

4. DATE (Month) (Day) (Year)  
OF DEATH: JULY 27 19555. SEX: 6. COLOR OR  
FEMALE RACE: 7. SINGLE, MARRIED,  
WHITE (Specify) WIDOWED, DIVORCED,8. DATE OF BIRTH:  
JULY 25, 19559. AGE last birthday  
yrs. IF UNDER 1 YEAR  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired):10B. KIND OF BUSINESS  
OR INDUSTRY:11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT  
COUNTRY?  
MARYLAND U.S.A.

13. FATHER'S NAME:

CHESTER DAVID DEAN

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unk.) (If Yes, give war or dates  
of service)

16. SOCIAL SECURITY NO.

17. INFORMANT &amp; ADDRESS:

INTERVAL BETWEEN  
ONSET AND DEATH

## 18. MEDICAL CERTIFICATION

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

795.5

IMMEDIATE CAUSE

(A) DUE TO

Undetermined

30 min.

ANTECEDENT CAUSE (S)

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR? (County) (State)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1955, to July 27, 1955, that I last saw the deceased  
alive on July 26, 1955, and that death occurred at 3 A.M. from the causes and on the date stated above.  
SIGNATURE John H. Patrick ADDRESS DATE SIGNED  
M.D. Lexington Park Md. July 28, 195523. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)  
REMOVAL (Specify)

Burial 7-28-55 St Joseph's Morganza, Md.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS  
REGISTRAR 7-28-55 Local Registrar Joe G. Mattingly Leonardtown, Md.

BUREAU V. S.

AUG 1 1955

RECEIVED

7051

07052

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ....

## 1. PLACE OF DEATH:

COUNTY ST MARY'S

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
TOWN LEONARDTOWNLENGTH OF STAY  
(in this place)HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

ST MARY'S HOSPITAL

3. NAME OF  
DECEASED:  
(Type or Print)

NELLIE

E.

GASCH

(Last)

4. DATE  
OF  
DEATH JULY 24 19555. SEX:  
FEMALE

WHITE

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)

HOUSEWIFE

6. COLOR OR  
RACE:  
MARRIED7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify)8. DATE OF BIRTH:  
NOVEMBER 22, 19179. AGE last birthday: IF UNDER 1 YEAR  
37 yrs. Months Days Hours Min.10b. KIND OF BUSINESS OR  
INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT  
COUNTRY? U.S.A.

## 13. FATHER'S NAME:

ANDREW F. CRANFORD

## 14. MOTHER'S MAIDEN NAME:

VERA N. SAPP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

## 17. INFORMANT &amp; ADDRESS:

ANDREW F. CRANFORD

## 18. MEDICAL CERTIFICATION

INTERVAL BETWEEN  
ONSET AND DEATH

1 hour

976X  
Immediate cause

(a) DUE TO

Shock, hemorrhage

Antecedent cause(s)

Diseases or conditions, if any, (h)  
giving rise to the above cause DUE TO  
stating underlying cause last (c)

Gun shot wound

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

## 20. AUTOPSY?

Yes  No 21a. EXTERNAL CAUSE WAS  
PRIMARY  or CONTRIBUTING  CAUSE OF DEATH.21b. PLACE (Home, farm, factory,  
OF street, office bldg., etc.)  
INJURY

21c. (City or town) (County)

Gaston Point St. Mary's Md

(State)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY July 24 1955 8 AM.21e. INJURY OCCURRED  
While at Not while  
work  at work 

21f. HOW DID INJURY OCCUR?

self inflicted

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .  
SIGNATURE Roy GruenthalCHIEF MEDICAL EXAMINER  
DEPUTY MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAM.DATE SIGNED  
7/24/5523. BURIAL, CREMATION,  
REMOVAL (Specify): BURIALDATE THEREOF  
7/28/55NAME OF CEMETERY OR CREMATORIAL  
WASHINGTON NATIONALLOCATION (City, town, or county) (State)  
SUTLND MD.DATE REC'D BY LOCAL  
REG. 7/26/55REGISTRAR'S SIGNATURE  
Alan L. Hauser

24. FUNERAL DIRECTOR

JOS. C. MATTINGLEY LEONARDTOWN, MD.

RECEIVED  
BUREAU V. S.

JUL 28 1955

7052

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Corrected cert. Film G184 7-28-55 ams See Film of Orig. et

07053

Items 3,4,13, Film G184 8-4-55 et

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

COUNTY St. Mary's MARYLAND  
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY  
 OR and give nearest town) (in this place)  
 TOWN USNAS, Patuxent River 1 month  
 HOSPITAL OR STREET ADDRESS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Pennsylvania COUNTY  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN Montrose  
 STREET ADDRESS  
 If rural give location)

3. NAME OF (First) Phillip (Middle) Lewis (Last)  
 DECEASED: (Type or Print) Phillip Justin GRACE

4. DATE (Month) (Day) (Year)  
 OF DEATH: July 22, 1955

5. SEX: Male 6. COLOR OR RACE: 7. SINGLE, MARRIED, WIDOWED, DIVORCED,  
 Caucasian (Specify): Single October 1, 1915 8. DATE OF BIRTH:

9. AGE last birthday  
 IF UNDER 1 YEAR  
 Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): USN

10B. KIND OF BUSINESS OR INDUSTRY: USN

11. BIRTHPLACE (State or foreign country): Scranton, Pennsylvania 12. CITIZEN OF WHAT COUNTRY? USA

## 13. FATHER'S NAME:

Deceased James J. Grace, Sr.

## 14. MOTHER'S MAIDEN NAME:

Lenora LYNCH

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.)

(If Yes, give war or dates of service) Yes ✓ 13 yrs 9 mos to present

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT &amp; ADDRESS:

U. S. Navy Records

## 18. MEDICAL CERTIFICATION

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

## IMMEDIATE CAUSE

(A) INFARCTION, MYOCARDIAL, ACUTE,  
 DUE TO Cause Unknown

INTERVAL BETWEEN  
 ONSET AND DEATH

Unknown

## ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY.  
 GIVING RISE TO THE ABOVE CAUSE  
 STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
 TO THE DEATH BUT NOT RELATED TO THE  
 DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO

21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  
 (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
 OF INJURY

21E. INJURY OCCURRED While Not while  
 at work  at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_\_, and that death occurred at approximately 6:00 P.M. from the causes and on the date stated above.  
 SIGNATURE: *J. E. Szakacs*

ADDRESS: Station Hospital

DATE SIGNED: 26 July 1955

23. BURIAL, CREMATION, DATE THEREOF  
 REMOVAL (SPECIFY)  
 Removal

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) Montrose, Pa.

DATE REC'D BY LOCAL REGISTRAR  
 7-26-55

REGISTRAR'S SIGNATURE  
*P. J. Bear, M.D.*

24. FUNERAL DIRECTOR  
 Chambers Funeral Home, 1400 Chapin  
 Street, N. W. Washington, D. C.

RECEIVED

JUL 28 1955

BUREAU U. S.

7053

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

COUNTY ST MARY'S

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)LENGTH OF STAY  
(in this place)

TOWN RURAL ST MARY'S CITY

1 yr.

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS3. NAME OF  
DECEASED:  
(Type or Print)(First)  
EMMA(Middle)  
SANNER(Last)  
GREENE4. SEX:  
FEMALE6. COLOR OR  
RACE:  
WHITE7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify) WIDOW8. DATE OF BIRTH:  
10/6/18789. AGE last birthday  
76IF UNDER 1 YEAR  
yrs. 9 Months 13 Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS  
OR INDUSTRY:  
HOME11. BIRTHPLACE (State or foreign country):  
MARYLAND12. CITIZEN OF WHAT  
COUNTRY?  
U.S.A.

## 13. FATHER'S NAME:

UNKNOWN

## 14. MOTHER'S MAIDEN NAME:

UNKNOWN

15. WAR DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unk.) (If Yes, give war or dates  
of service) NO16. SOCIAL SECURITY NO.  
NONE

## 17. INFORMANT &amp; ADDRESS:

MRS CATHERINE MCKAY ST MARY'S CITY,

18. MEDICAL CERTIFICATION  
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH420.1  
IMMEDIATE CAUSE

(A) DUE TO Coronary Occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

ANTECEDENT CAUSE (S)

(B) DUE TO Coronary Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1955, to July 19, 1955, that I last saw the deceased  
alive on July 16, 1955, and that death occurred at 30A M, from the causes and on the date stated above.  
SIGNATURE J. Kelly ADDRESS Dr. J. Kelly, M.D. DATE SIGNED July 19, 195523. BURIAL, CREMATION,  
REMOVAL (SPECIFY)  
BURIALDATE THEREOF NAME OF CEMETERY OR CREMATORIAL  
7/21/55 TRINTYLOCATION (City, town, or county) (State)  
ST MARY'S CITY, MARYLANDDATE REC'D BY LOCAL  
REGISTRAR 7-19-55REGISTRAR'S SIGNATURE  
J. Kelly, M.D.24. FUNERAL DIRECTOR  
JOS. C. MATTINGLEYADDRESS  
LEONARDTOWN, MD.Local Registrar

RECEIVED  
BUREAU V. S.  
MAY 21 1965

7054

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

COUNTY St. MARY'S MARYLAND  
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY  
 OR and give nearest town) (in this place)  
 TOWN LEONARDTOWN

HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS 78 St. MARY's Hospital

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY St. MARY'S  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN Mechanicsville  
 STREET ADDRESS

3. NAME OF (First) (Middle) (Last)  
 DECEASED: Emma JANE Hayden

4. DATE (Month) (Day) (Year)  
 OF DEATH: July 21 1955

5. SEX: F. 6. COLOR OR 7. SINGLE, MARRIED,  
 RACE: W. WIDOWED, DIVORCED.  
 (Specify): Widowed

8. DATE OF BIRTH: 4 - 3 - 1872

9. AGE last birthday 83 yrs.  
 IF UNDER 1 YEAR  
 Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? USA

## 13. FATHER'S NAME:

GEORGE T. TRICE

## 14. MOTHER'S MAIDEN NAME:

JULIA Hobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. - - - - -

17. INFORMANT & ADDRESS: 4404 - 96 Street  
Miss Elizabeth Hayden : South Arlington, Va.

## 18. MEDICAL CERTIFICATION

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

159X

IMMEDIATE CAUSE

(A) DUE TO

Gastrointestinal hemorrhage 2 d.

ANTECEDENT CAUSE (S)

(B) DUE TO

Poss malignancy of g.i. tract

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (260x)

(C)

INTERVAL BETWEEN  
 ONSET AND DEATH

## II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

Emphysema, chronic bronchitis  
Emphysema, chronic bronchitis

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO

21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While Not while  
 at work  at work

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from Jan 1950 to July 11, 1955, that I last saw the deceased alive on July 10, 1955, and that death occurred at 8 S M from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)  
 BURIAL

DATE THEREOF  
 7-23-55

NAME OF CEMETERY OR CREMATORIUM  
 St. Joseph's Cemetery

LOCATION (City, town, or county) (State)  
 MORGANZA, MARYLAND

DATE REC'D BY LOCAL REGISTRAR  
 7-22-55

REGISTRAR'S SIGNATURE  
 Glenn Hansen

24. FUNERAL DIRECTOR  
 P. B. Robinson

ADDRESS  
 LEONARDTOWN Md.

BUREAU V. S.

JUL 25 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07056

7/155

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

COUNTY *St Marys*  
 CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
 TOWN *Hollywood*

MARYLAND

LENGTH OF STAY  
(in this place)

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS  
*00*

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE *Maryland* COUNTY *St Marys*CITY (If outside corporate limits, write RURAL and give nearest town)  
OR  
TOWN *Hollywood*STREET  
ADDRESS

(If rural give location)

3. NAME OF  
DECEASED:  
(Type or Print)

6. COLOR OR  
RACE: *Female White*

(First) *Martha*(Middle) *Ellen*(Last) *Insley*

8. DATE OF BIRTH:

*May 9 1866*

9. AGE last birthday

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days

Hours

Min.

BUREAU Y. S.

JUL 14 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07057

7056

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

COUNTY St. Marys

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)

TOWN Mechanicsville

LENGTH OF STAY  
(in this place)HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS3. NAME OF  
DECEASED:  
(Type or Print)(First)  
Stephen(Middle)  
B.(Last)  
King5. SEX:  
male6. COLOR OR  
RACE:  
white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify):  
married8. DATE OF BIRTH:  
12/ 3 / 18839. AGE last birthday  
71 yrs.4. DATE (Month)  
OF  
DEATH: 7 - 6 - 1955IF UNDER 1 YEAR  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): farming10B. KIND OF BUSINESS  
OR INDUSTRY:  
farm owner11. BIRTHPLACE (State or foreign country):  
Pennsylvania12. CITIZEN OF WHAT  
COUNTRY?  
USA

## 13. FATHER'S NAME:

Christian King

## 14. MOTHER'S MAIDEN NAME:

Elizabeth Byler

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) NO16. SOCIAL SECURITY NO.  
-----

## 17. INFORMANT &amp; ADDRESS:

Annie B. King - Ronks, Pennsylvania.

## 18. MEDICAL CERTIFICATION

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE

(A)  
DUE TO

Hypostatic pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

3 d.

ANTECEDENT CAUSE (S)

(B)  
DUE TO

General debility

4 mos

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1955, to July 6, 1955, that I last saw the deceased  
alive on July 5, 1955, and that death occurred at M., from the causes and on the date stated above.  
SIGNATURE: *They Gave Together* ADDRESS: *Mechanicsville, Md 11/16/55* DATE SIGNED: *11/16/55*23. BURIAL, CREMATION, DATE THEREOF  
REMOVAL (SPECIFY)  
Burial 7/9/55NAME OF CEMETERY OR CREMATORIUM  
Beiler Amish CemeteryLOCATION (City, town, or county) (State)  
Ronks, Pennsylvania.DATE REC'D BY LOCAL  
REGISTRARREGISTRAR'S SIGNATURE  
*Glawd L. Hauser*

24. FUNERAL DIRECTOR

ADDRESS  
P.B. Robinson - Leonardtown, Md.

BUREAU V. S

JUL 11 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07058

7057

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

COUNTY ST MARY'S

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)

TOWN LEONARDTOWN

LENGTH OF STAY  
(In this place)

3 DAYS

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

78 ST MARY'S HOSPITAL

3. NAME OF  
DECEASED:  
(Type or Print)

JULIA IARDELLA

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND

COUNTY ST MARY'S

CITY (If outside corporate limits, write RURAL and give nearest town)  
OR

TOWN RURAL COMPTON

STREET  
ADDRESS

(If rural give location)

4. DATE (Month)  
OF DEATH: JULY 31,(Day) 1955  
(Year)5. SEX:  
FEMALE6. COLOR OR  
RACE: WHITE7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify)8. DATE OF BIRTH:  
10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired): HOUSEWIFE10B. KIND OF BUSINESS  
OR INDUSTRY: HOME9. AGE last birthday  
yrs. 10IF UNDER 1 YEAR  
Months 10 Days 23  
Hours 3 Min.

13. FATHER'S NAME:

GABRIEL B. IARDELLA

11. BIRTHPLACE (State or foreign country):  
WASHINGTON, D.C.12. CITIZEN OF WHAT  
COUNTRY?  
U.S.A.15. WAS DECEASED EVER IN U.S. ARMED FORCES  
(Yes, no or unk.) (If Yes, give war or dates  
of service) NO

16. SOCIAL SECURITY NO.

14. MOTHER'S MAIDEN NAME:

ROSE KIERNAN

17. INFORMANT & ADDRESS:  
CHARLES E. LORD COMPTON, MD.18. MEDICAL CERTIFICATION  
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE

(A)  
DUE TO

Acute Thrombotic Coronary Occlusion 20 hrs

ANTECEDENT CAUSE (S)

(B)

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO 21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  
(If either, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year)  
OF INJURY21E. INJURY OCCURRED  
While  Not while   
at work  at work 

21F. HOW DID INJURY OCCUR?

M.

22. I hereby certify that I attended the deceased from July 30, 1955, to July 31, 1955, that I last saw the deceased  
alive on July 31, 1955, and that death occurred at 20 P.M., from the causes and on the date stated above.  
SIGNATURE ADDRESS DATE SIGNED23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)  
BURIAL

DATE THEREOF 8/3/55

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or County) (State)

DATE REC'D BY LOCAL  
REGISTRAR 8/1/55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

JOS. C. MATTINGLEY LEONARDTOWN, MD.

BUREAU V. S

AUG 3 1955

RECEIVED

7058

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: ST MARY'S COUNTY MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST MARY'S CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEXINGTON PARK X	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN		LENGTH OF STAY (in this place) 9 DAYS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 ST MARY'S HOSPITAL		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (Type or Print)	(First) INFANT	(Middle)	(Last) NOLAND
4. DATE (Month) OF DEATH: JULY 11,	(Day)	(Year) 1955	
5. SEX: FEMALE	6. COLOR OR RACE: BLACK	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE	8. DATE OF BIRTH: JULY 2, 1955
9. AGE last birthday yrs.	10. KIND OF BUSINESS OR INDUSTRY: MARYLAND	11. BIRTHPLACE (State or foreign country): MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
IF UNDER 1 YEAR Months Days Hours Min.			
13. FATHER'S NAME: LOUIS NOLAND	14. MOTHER'S MAIDEN NAME: ANN BARBER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.		
17. INFORMANT & ADDRESS: LOUIS NOLAND LEXINGTON PARK, MD.			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 776X IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			INTERVAL BETWEEN ONSET AND DEATH 9 days
(A) DUE TO Overactivity			
(B) DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 2, 1955 to July 11, 1955 that I last saw the deceased alive on July 11, 1955, and that death occurred at 1:49 P.M., from the causes and on the date stated above. SIGNATURE J. H. Patrick ADDRESS DATE SIGNED M.D. Lexington Park 7-12-55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	DATE THEREOF 7/12/55	NAME OF CEMETERY OR CREMATORIUM ST. ALOYSIUS	LOCATION (City, town, or county) LEONARDTOWN, MD. (State)
DATE REC'D BY LOCAL REGISTRAR 7/12/55	REGISTRAR'S SIGNATURE Clerk	24. FUNERAL DIRECTOR JOS.C.MATTINGLEY	ADDRESS LEONARDTOWN, MD.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUL 14 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7059

## CERTIFICATE OF DEATH

Reg. Dist. No 282

07060

## 1. PLACE OF DEATH:

COUNTY *St Mary's*

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)LENGTH OF STAY  
(in this place)TOWN *Leonardtown**43/4 hours*HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS78 *St Mary's Hospital*3. NAME OF  
DECEASED:  
(Type or Print)4. SEX: *Male* COLOR OR  
RACE: *White*10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired):

13. FATHER'S NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) *Yes*

16. SOCIAL SECURITY NO.

17. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

*776X*

IMMEDIATE CAUSE

(A)  
DUE TO*Prematurity*

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.(B)  
DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN  
ONSET AND DEATH21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURYM.  
While  
at workNot while  
 at work

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 8, 1955* to *July 9, 1955*, that I last saw the deceased  
alive on *July 9, 1955* and that death occurred at *5:45 M.* from the causes and on the date stated above.  
SIGNATURE *M. H. Patrich* ADDRESS *Lexington Park Md.* DATE SIGNED *July 9, 1955*23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)DATE REC'D. BY LOCAL  
REGISTRAR *7/10/55*

DATE THEREOF

REGISTRAR'S SIGNATURE *C. L. House*NAME OF CEMETERY OR CREMATORIUM *St. Alphonsus*LOCATION (City, town or county) *Leonardtown Md.* (State) *MD*24. FUNERAL DIRECTOR *Jos. C. Mattingley Funeral Home*ADDRESS *Leonardtown Md.*

BUREAU V. S

JUL 14 1955

RECEIVED

7/160

## CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Patuxent River		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Polk CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park Lakeland 48X-3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospital, U.S. 50 Naval Air Station		STREET ADDRESS Rt. 2 (If rural give location) P.O. Box 715 952 (see birthcert)	
3. NAME OF DECEASED: (Type or Print)	(First) Robin	(Middle) Lynn	(Last) O'DONIEL
4. DATE OF DEATH: July 2 1955	5. SEX: Female	6. COLOR OR RACE: Caucasian	7. SINGLED, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: July 2, 1955	9. AGE last birthday yrs. 4	10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired):	10B. KIND OF BUSINESS OR INDUSTRY: Maryland
11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: William Frank O'DONIEL		14. MOTHER'S MAIDEN NAME: Alice PRINCE	
15. WAS DECEASED EVER IN U.S. ARMEO FORCES (Yes, no, or unk.) 9	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Hospital Records	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  762.0 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		18. MEDICAL CERTIFICATION  (A) DUE TO Anoxia due to atelectasis  (B) DUE TO  (C)	
		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
2. I hereby certify that I attended the deceased from 2 July, 1955 to 2 July, 1955, that I last saw the deceased alive on 2 July, 1955, and that death occurred at 5:45A.M., from the causes and on the date stated above. SIGNATURE S. CASSARA, LCDR MC USNR ADDRESS Station Hospital M. D. USNAS, PAX RIV MD. DATE SIGNED 7-5-55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 7-5-55	NAME OF CEMETERY OR GREMATORIUM Ebenezer	LOCATION (City, town, or county) Great Mills, Md. (State)
DATE REC'D BY LOCAL REGISTRAR 7-5-55	REGISTRAR'S SIGNATURE J. G. Keays, Jr.	24. FUNERAL DIRECTOR J. S. Navy	ADDRESS Patuxent River, Md.
Local Registrar			

207531/3424

BUREAU V. S

JUL 7 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07062

7061

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

COUNTY St. Mary's MARYLAND  
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY  
 OR and give nearest town) (In this place)  
 TOWN NAS, Patuxent River 1 day

HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS Station Hospital

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY St. Mary's  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN California

STREET ADDRESS (If rural give location)  
 c/o C. B. Messick

3. NAME OF  
 DECEASED:  
 (Type or Print)(First) (Middle) (Last)  
 Deborah Louise REDDING4. DATE (Month) (Day) (Year)  
 OF DEATH: July 29 19555. SEX:  
 Female6. COLOR OR  
 RACE:  
 Caucasian7. SINGLED, MARRIED,  
 WIDOWED, DIVORCED.  
 (Specify): Single8. DATE OF BIRTH:  
 July 28, 1955

9. AGE last birthday

IF UNDER 1 YEAR  
 0 yrs. Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
 work done during most of working life,  
 even if retired):10B. KIND OF BUSINESS  
 OR INDUSTRY:11. BIRTHPLACE (State or foreign country):  
 Maryland12. CITIZEN OF WHAT  
 COUNTRY?  
 USA

## 13. FATHER'S NAME:

Ben Dwight REDDING

## 14. MOTHER'S MAIDEN NAME:

Elizabeth Lou MESSICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES  
 (Yes, no, or unk.) (If Yes, give war or dates  
 of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT &amp; ADDRESS:

Mother: California, Maryland

18. MEDICAL CERTIFICATION  
 I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATHINTERVAL BETWEEN  
 ONSET AND DEATH762.0  
 IMMEDIATE CAUSE(A)  
 DUE TO

Congenital Pneumothorax

24 hrs

## ANTECEDENT CAUSE (S)

(B)  
 DUE TODISEASES OR CONDITIONS, IF ANY,  
 GIVING RISE TO THE ABOVE CAUSE  
 STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
 TO THE DEATH BUT NOT RELATED TO THE  
 DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
 YES  NO 21A. ACCIDENT WAS UNDERLYING   
 OR CONTRIBUTING  CAUSE OF DEATH  
 (IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
 OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
 INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)  
 OF INJURY21E. INJURY OCCURRED  
 While  Not while   
 at work  at work 

## 21F. HOW DID INJURY OCCUR?

2 I hereby certify that I attended the deceased from 7-28, 1955 to 7-29-, 1955, that I last saw the deceased alive on 7-29, 1955, and that death occurred at 11:45 AM, from the causes and on the date stated above.

SIGNATURE: S. CASSARA, LCDR MC USNR

ADDRESS: Station Hospital  
 M. D. USNAS Patuxent River, Md. 7-29-55  
 LOCATION (City, town, or county) (State)

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIUM  
 REMOVAL, (SPECIFY) 8-1-55 Old Fields Church Hughesville, Md.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  
 REGISTRAR: 8-1-55 J. P. Ryan, M.D.

24. FUNERAL DIRECTOR ADDRESS  
 V. B. Robinson, Leonardtown, Md.

2075/91353

RECEIVED  
BUREAU V. S.

AUG 4 1955

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07063

7062

## CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY <i>St. Mary's</i> MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) TOWN <i>Leonardtown, Md</i> 5 DAYS		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Maryland</i> COUNTY <i>St. Mary's</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Leonardtown</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>78 St. Mary's-Hosp.</i>		STREET ADDRESS <i>(If rural give location)</i>	
3. NAME OF DECEASED: (First) <i>Her</i> (Middle) <i>Berry</i> (Last)		4. DATE (Month) (Day) (Year) OF DEATH: <i>July 23 1955</i>	
5. SEX: MALE 6. COLOR OR RACE: COLORED 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>SINGLE</i>		8. DATE OF BIRTH: <i>OCTOBER 15, 1884</i> 9. AGE last birthday 70 IF UNDER 1 YEAR yrs. 9 months 8 days 19 hours 8 min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COOK		10B. KIND OF BUSINESS OR INDUSTRY: <i>MARYLAND</i>	
13. FATHER'S NAME: <i>JAMES SHERKLIFF</i>		11. BIRTHPLACE (State or foreign country): <i>MARYLAND</i> 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>NO</i> 16. SOCIAL SECURITY NO. <i>NONE</i>		14. MOTHER'S MAIDEN NAME: <i>PHOEBE LANDLE</i>	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>153X</i> IMMEDIATE CAUSE (A) <i>Ca of Large intestine</i> ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) _____ STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Rheumatoid arthritis severe</i> 10 years			
19A. DATE OF OPERATION: <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>October 7 1954</i> , to <i>July 23, 1955</i> , that I last saw the deceased alive on <i>July 12, 1955</i> , and that death occurred at <i>2 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>Wm. H. Berry</i> ADDRESS <i>Leonardtown, Md</i> DATE SIGNED <i>7/23/55</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>BURIAL</i>		DATE THEREOF <i>7/26/55</i> NAME OF CEMETERY OR CREMATORIUM <i>ST ALOYSIUS</i> LOCATION (City, town, or county) (State) <i>LEONARDTOWN, MARYLAND</i>	
DATE REC'D BY LOCAL REGISTRAR <i>7/26/55</i>		REGISTRAR'S SIGNATURE <i>Gland. Hauser</i> 24. FUNERAL DIRECTOR ADDRESS <i>JOS.C.MATTINGLEY LEONARDTOWN, MD.</i>	

RECEIVED  
BUREAU V. S.

JUL 28 1955

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07064

7063

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

## 1. PLACE OF DEATH:

COUNTY St. Marys  
 CITY (If outside corporate limits, write RURAL  
 OR and give nearest town)  
 TOWN Leonardtown

MARYLAND  
 LENGTH OF STAY  
 (in this place)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY St. Marys  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR  
 TOWN California

STREET ADDRESS  
 (If rural give location)

Rural

3. NAME OF DECEASED:  
 (First) (Middle) (Last)

(Type or Print) Mary Sommerfield

4. DATE (Month) (Day) (Year)  
 OF DEATH: 7 - 1 19 555. SEX: 6. COLOR OR RACE:  
 female colored 7. SINGLE, MARRIED,  
 WIDOWED, DIVORCED,  
 (Specify): Widowed

8. DATE OF BIRTH: 2/ 14 / 1878

9. AGE last birthday 77 yrs.  
 IF UNDER 1 YEAR Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

## 13. FATHER'S NAME:

Samuel Thomas

## 14. MOTHER'S MAIDEN NAME:

Unknown

15. WAR DECEASED EVER IN U.S. ARMED FORCES  
 (Yes, no, or unk.) (If Yes, give war or dates  
 of service) no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT &amp; ADDRESS:

Carrie Smith - California, Md.

## 18. MEDICAL CERTIFICATION

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33IX

## IMMEDIATE CAUSE

(A) DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN  
 ONSET AND DEATH

6/27/55

## ANTECEDENT CAUSE (S)

(B) DUE TO

Generalized Arteriosclerosis

Det. years

DISEASES OR CONDITIONS, IF ANY,  
 GIVING RISE TO THE ABOVE CAUSE  
 STATING UNDERLYING CAUSE LAST.

(C)

Hypertension

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
 TO THE DEATH BUT NOT RELATED TO THE  
 DISEASE OR CONDITION CAUSING DEATH.

## 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
 YES  NO 21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  
 (IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
 OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
 INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)  
 OF INJURY While Not while  
 M. at work at work

## 21E. INJURY OCCURRED

at work at work

## 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/28, 1955, to 7/1, 1955, that I last saw the deceased  
 alive on 7/1, 1955, and that death occurred at 8:20 P.M., from the causes and on the date stated above.  
 SIGNATURE ADDRESS DATE SIGNED

Robert T. Fuks

M.D.

Leonardtown, St. Marys, Md.

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county)  
 REMOVAL (SPECIFY) Burial 7/5/55 Holy Face Cemetery Great Mills, Md.24. FUNERAL DIRECTOR ADDRESS  
 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  
 REGISTRAR 7-5-1955 Glenn D. Harmer, Jr.

P.B. Robinson - Leonardtown, Md.

BUREAU V. S.

JUL 6 1955

RECEIVED

7064

07065

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 282

## 1. PLACE OF DEATH:

COUNTY St. Marys

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
TOWN MechanicsvilleLENGTH OF STAY  
(in this place)HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS3. NAME OF  
DECEASED:  
(Type or Print) John(Middle)  
Lantz(Last)  
Stoltzfus4. DATE  
OF  
DEATH  
7 - 4 - 1955

5. SEX: male

6. COLOR OR  
RACE: white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify) married8. DATE OF BIRTH:  
23 July 19009. AGE last birthday:  
54 yrs.IF UNDER 1 YEAR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of work life,  
even if retired): farming10b. KIND OF BUSINESS OR  
INDUSTRY: Farm owner11. BIRTHPLACE (State or foreign country):  
Pennsylvania12. CITIZEN OF WHAT  
COUNTRY?  
USA

## 13. FATHER'S NAME:

Stephen F. Stoltzfus

## 14. MOTHER'S MAIDEN NAME:

Susan Lantz

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service) NO

16. SOCIAL SECURITY NO.: -----

## 17. INFORMANT &amp; ADDRESS:

Hanna Stoltzfus - Mechanicsville, Md.

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause

(a) DUE TO

Coronary occlusion

INTERVAL BETWEEN  
ONSET AND DEATH  
day

Antecedent cause(s)

Diseases or conditions, if any, (b)  
giving rise to the above cause DUE TO  
stating underlying cause last (c)

Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH

none

## 19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

none

## 20. AUTOPSY?

Yes  No 21a. EXTERNAL CAUSE WAS  
PRIMARY  or CONTRIBUTING   
CAUSE OF DEATH21b. PLACE (Home, farm, factory,  
off., street, office bldg., etc.,  
INJURY)

21c. (City or town) \_\_\_\_\_

(County) \_\_\_\_\_

(State) \_\_\_\_\_

21d. TIME (Month) (Day) (Year) (Hour)  
OF  
INJURY21e. INJURY OCCURRED  
While at Net while  
M. work  at work 

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and  
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause   
SIGNATURECHIEF MEDICAL EXAMINER  
DEPUTY MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAM. DATE SIGNED  
7/6/5523. BURIAL, CREMATION, REMOVAL  
(Specify): Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

7-7-55

P.B. Robinson - Leonardtown, Md.

BUREAU V. S

MIL 8 1968

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07066

7-65

## CERTIFICATE OF DEATH

Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:					
COUNTY CITY TOWN	St. Mary's Leonardtown	MARYLAND RURAL Length of Stay (in this place)	Maryland STATE CITY TOWN				
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS					
78 St. Mary's Hospital		56 Church St.					
3. NAME OF DECEASED: (Type or Print)		(First) Infant	(Middle) Boy	(Last) Taff	4. DATE (Month) OF DEATH: July 5	(Day) 19 55	(Year)
5. SEX: Male		6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single	8. DATE OF BIRTH: July 5, 1955	9. AGE last birthday yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Loren M. Taff		14. MOTHER'S MAIDEN NAME: FRANCES M. DAVIS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS: Theodore J. Taff :: Michigan		18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE 776X ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(A) DUE TO Heart failure		INTERVAL BETWEEN ONSET AND DEATH			
		(B) DUE TO Premature newborn					
		(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
M.							
22. I hereby certify that I attended the deceased from 7-5, 1955, to 7-1, 1955, that I last saw the deceased alive on 7-5, 1955, and that death occurred at 9:30 A.M., from the causes and on the date stated above. SIGNATURE <i>Hans Petersen</i> ADDRESS <i>M.D. Saint Mary's Hospital</i> DATE SIGNED <i>7-6-55</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF Burial 7-6-55	NAME OF CEMETERY OR CREMATORIUM St. Aloysius Cemetery		LOCATION (City, town, or county) Leonardtown, Maryland (State)		
DATE REC'D BY LOCAL REGISTRAR 7-6-55		REGISTRAR'S SIGNATURE <i>Howard D. Hansen</i>		24. FUNERAL DIRECTOR P. B. Robinson :: Leonardtown, Md.		ADDRESS	

BUREAU V. S.

JUL 7 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7068  
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 281

Reg. Dist.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <i>St Mary's</i>	MARYLAND	STATE <i>Maryland</i>	COUNTY <i>St Mary's</i>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Bushwood</i>		CITY (If outside corporate limits write RURAL and give nearest town) TOWN <i>Bushwood</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED: (Type or Print)		(First) <i>James</i>	(Middle) <i>Walter</i>
		(Last) <i>Tyler</i>	4. DATE OF DEATH <i>July 28</i>
5. SEX: <i>Male</i>		6. COLOR OR RACE: <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <i>Widowed</i>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <i>Sabor by week</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>Injuria and Crust</i>	8. DATE OF BIRTH: <i>Aug 15-1893</i>
13. FATHER'S NAME: <i>Unknown</i>		9. AGE last birthday: <i>61</i> IF UNDER 1 YEAR <input checked="" type="checkbox"/> Months <i>7</i> Days <i>17</i> Hours <i>19</i> Min.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO.: <i>213-36-1099</i>	17. INFORMANT & ADDRESS: <i>J. M. Bailey, River Spring</i>
18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <i>929.8</i> Immediate cause <i>Accidental Drowning</i> Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last			
2. INTERVAL BETWEEN ONSET AND DEATH <i>1/2 hour</i>			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <i>Epilepsy</i> <span style="float: right;"><i>50 years</i></span>			
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, of street, office bldg, etc.) <i>Injuria and Crust</i>	21c. CITY OR TOWN) (County) <i>Bushwood, St Mary's</i> <span style="float: right;">(State) <i>Md</i></span>
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>July 28/55 2 PM</i>		21e. INJURY OCCURRED While at work <input checked="" type="checkbox"/> Not while work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>while swimming he had epileptic attack</i>
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <i>J. M. Bailey</i>		CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	
23. BURIAL/CREMATION, REMOVAL (Specify): <i>Burial</i>		DATE THEREOF <i>7-30-55</i>	NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) <i>Sacred Heart Bushwood Maryland</i>
DATE REC'D BY LOCAL REG. <i>July 28/55</i>		REGISTRAR'S SIGNATURE <i>J. M. Bailey</i>	FUNERAL DIRECTOR <i>Joe C. Mattingsley, Lewes, Delaware</i>
			ADDRESS <i>Mile</i>

BUREAU V. 8

AUG 1 1955

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07068

7067

## CERTIFICATE OF DEATH

Reg. Dist. No. 281

## 1. PLACE OF DEATH:

COUNTY ST. MARY'S

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)

TOWN RURAL

HOLLYWOOD

LENGTH OF STAY  
(in this place)

10 YRS.

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS3. NAME OF  
DECEASED:  
(Type or Print) JANE

(Middle)

RODGERS

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND

COUNTY ST. MARY'S

CITY (If outside corporate limits, write RURAL and give nearest town)  
OR

TOWN RURAL

HOLLYWOOD

STREET  
ADDRESS

(If rural give location)

4. DATE (Month) (Day) (Year)

4. DATE (Month) (Day) (Year)

JULY 5 1955

5. SEX: FEMALE

6. COLOR OR  
RACE: WHITE7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify) MARRIED

8. DATE OF BIRTH: OCTOBER 15, 1876

9. AGE last birthday 78  
IF UNDER 1 YEAR  
yrs. Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired) HOUSEWIFE10B. KIND OF BUSINESS  
OR INDUSTRY: HOME11. BIRTHPLACE (State or foreign country): PENNSYLVANIA  
12. CITIZEN OF WHAT  
COUNTRY? U.S.A.

13. FATHER'S NAME:

JADOB D. RODGERS

14. MOTHER'S MAIDEN NAME:

LOTTIE JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, unk.) (If Yes, give war or dates  
of service) NO

16. SOCIAL SECURITY NO. 161-16-2617B

17. INFORMANT &amp; ADDRESS:

HOWARD W. UNDERWOOD HOLLYWOOD, MD.

## 18. MEDICAL CERTIFICATION

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE

(A)  
DUE TO

Congestive Heart failure

INTERVAL BETWEEN  
ONSET AND DEATH

17.

## ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.(B)  
DUE TO

Arteriosclerotic heart disease

10 y

(C)  
DUE TO

Severely rd arteriosclerosis

10 y

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

none

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year)  
OF INJURY21E. INJURY OCCURRED  
While Not while  
at work at work

21F. HOW DID INJURY OCCUR?

more

M. at work

22. I hereby certify that I attended the deceased from 1955, to 1955, that I last saw the deceased  
alive on 1955, and that death occurred at 10 M. from the causes and on the date stated above.  
SIGNATURE

ADDRESS DATE SIGNED

23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)  
CREMATIONDATE THEREOF  
7/18/55NAME OF CEMETERY OR CREMATORIUM  
West Laurel HillLOCATION (City, town, or county)  
West Phila

(State)

DATE REC'D BY LOCAL  
REGISTRAR  
7-6-55REGISTRAR'S SIGNATURE  
S. Peary M.D.

24. FUNERAL DIRECTOR

JOS.C.MATTINGLEY LEONARDTOWN, MD.

ADDRESS

Local Registrar

BUREAU V. S

JUL 11 1955

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07069

## CERTIFICATE OF DEATH

Reg. Dist. No. 283

7068

## 1. PLACE OF DEATH:

COUNTY ST MARY'S

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR and give nearest town)  
TOWN LEONARDTOWNLENGTH OF STAY  
(in this place)  
3 daysHOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

78 ST MARY'S HOSPITAL

3. NAME OF  
DECEASED:  
(Type or Print)

(First) MARY

(Middle)

KATHLEEN

(Last)

YINGST

4. SEX: 6. COLOR OR  
RACE:  
FEMALE WHITE7. SINGLE, MARRIED,  
WIDOWED, DIVORCED.  
(Specify) MARRIED8. DATE OF BIRTH:  
8/15/19079. AGE last birthday  
47 yrs.IF UNDER 1 YEAR  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life,  
even if retired) HOUSEWIFE10B. KIND OF BUSINESS  
OR INDUSTRY:  
HOME11. BIRTHPLACE (State or foreign country):  
MARYLAND12. CITIZEN OF WHAT  
COUNTRY?  
U.S.A.

13. FATHER'S NAME:

WARREN J. ADAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates  
of service) NO

16. SOCIAL SECURITY NO.

LOST

14. MOTHER'S MAIDEN NAME:

MARY B. PERCELL

17. INFORMANT &amp; ADDRESS:

WILLIE E. YINGST PINEY POINT, MD.

18. MEDICAL CERTIFICATION  
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

199.8

IMMEDIATE CAUSE

(A)  
DUE TO

Carcinoma of uterus and bladder

INTERVAL BETWEEN  
ONSET AND DEATH

1 year

ANTECEDENT CAUSE (S)

(B)  
DUE TODISEASES OR CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE CAUSE  
STATING UNDERLYING CAUSE LAST.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO 21A. ACCIDENT WAS UNDERLYING   
OR CONTRIBUTING  CAUSE OF DEATH  
(If either, notify medical examiner)21B. PLACE (Home, farm, factory,  
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)  
INJURY OCCUR?

(County)

(State)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

M. While Not while  
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1955, to July 2, 1955, that I last saw the deceased  
alive on July 1, 1955, and that death occurred at 2:00 PM, from the causes and on the date stated above.  
SIGNATURE *Jay Dean MD* ADDRESS *Great Mills Md* DATE SIGNED *July 2/55*23. BURIAL, CREMATION,  
REMOVAL (SPECIFY)  
BURIALDATE THEREOF  
7/5/55NAME OF CEMETERY OR CREMATORIUM  
ST GEORGE'SLOCATION (City, town, or county) (State)  
VALLEY LEE, MD.DATE REC'D BY LOCAL  
REGISTRAR *July 2/55*REGISTRAR'S SIGNATURE  
*Jay Dean MD*24. FUNERAL DIRECTOR  
JOS C. MATTINGLEY

ADDRESS

LEONARDTOWN, MD.

BUREAU V. S

JUL 7 1955

RECEIVED